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ABSTRACT

This study was undertaken to explore whether incest, extrafamilial sexual abuse, and physical abuse are linked with different psychological or behavioral consequences, and whether abuse affects males and females differently. In 1989, a survey instrument was administered to all 6th, 9th, and 12th graders in 84% of all the public schools in Minnesota. A representative sample of 10% of those children completing the surveys was used in these analyses. All 6,224 protocols of the 9th and 12th grades were analyzed. Overall, 18% of the subjects reported experiencing some form of child abuse, and 10% of the sample reported having experienced sexual abuse. Approximately 2% had experienced incest only, 4% had experienced extrafamilial sexual abuse only, 10% had experienced physical abuse only, and 2% had experienced all three types of abuse. In general, although the effects of abuse on males and on females were similar, possibly the effects were somewhat greater on males. Males who reported abuse, particularly physical abuse, were more likely than females to consider suicide. All forms of child abuse correlated with the mind-sets and behaviors of the adolescents in the study. The greater relationship between physical abuse and some outcome variables and between sexual abuse and others is noteworthy. (NB)

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CHILD ABUSE AND ITS RELATIONSHIP TO ADOLESCENT MIND-SETS AND BEHAVIORS

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CHILD ABUSE AND ITS RELATIONSHIP TO ADOLESCENT MIND-SETS AND BEHAVIORS

During the past two decades, the widespread prevalence of sexual victimization of children by family members and non-family members has received increasing attention. Studies using both random samples and in-depth interviews have demonstrated that child sexual abuse occurs to 30-75% of the female population, depending upon the study criteria and the locale, and that 25-36% of females in this country have been abused by the age of 13. For a number of reasons, most of the research to date has focused on girls. Studies of sexual abuse of boys show incidence rates from 11-50%.

Mental health clinics, public health clinics, and psychiatric settings show much higher rates of abuse than do studies of the normal population, indicating links between child abuse and subsequent problems in the emotional, physical, and behavioral spheres. Studies of adolescents with histories of sexual abuse have specifically noted poor social functioning, depression, anxiety, low self esteem, suicide attempts, inappropriate sexual behaviors including sexual abuse of others or prostitution, health risk behaviors, and substance abuse. Consequential risky sexual activity is particularly important during adolescence because it can lead to early pregnancy and premature childbearing, and higher rates of sexually transmitted disease, including AIDS.

There is some research reporting differences in the incidence of child sexual abuse according to gender and race. Black children appear to be at higher risk. Also, black children

and male children are likely to be abused at younger ages, and girls are likely to be abused up to an older age. Actual or attempted intercourse is more common among boys, as is extrafamilial abuse; incest is reportedly more common among girls. Since most male sexual abuse goes undiscovered, studies of the reported cases do not accurately reflect male survivors in the general population. One study found that fewer than one sixth of sexually abused male clients had ever reported the abuse, even though the majority of them stated that the abuse had a significant impact on their lives.

Not much has been written on how different types of child abuse affect adolescents. Child physical abuse alone is noted to lead to adjustment problems, cognitive and motor lags, communication disorders, antisocial behaviors and physical aggression. Physical abuse in conjunction with sexual abuse may be lead to more hostility and delinquency than sexual abuse alone would. Incest is reported to lead to depression, intense guilt, poor self-esteem, somatic complaints, and anxiety. Other psychological symptoms of incest are withdrawal, shyness, fatigue, self-indulgence (poor super-ego strength), low drive, and unconventional self-will. Little is written on whether the incest and extrafamilial sexual abuse have differing short-term or long term effects, although one study shows that those experiencing extrafamilial abuse have more alcohol-related problems.

The present study was undertaken to explore whether incest, extrafamilial sexual abuse and physical abuse are linked with

different psychological or behavioral consequences, and whether abuse affects males and females differently.

METHOD

In 1989, a survey instrument was administered to all 6th, 9th and 12th graders in 84% of all the public schools in Minnesota. The survey was part of the Minnesota State Drug-Free Schools and Communities Act of 1986 and provided state-wide statistics on mental and physical health and on life-style habits. The anonymous, self-administered, paper-and-pencil questionnaire was completed in classrooms with school personnel present. A representative sample of 10% of those children completing the surveys was used in our analyses. In this study, all 6224 protocols of the 9th and 12th grades were analyzed; the sample was 52% male and 48% female, 85% white and 15% black or native American.

The survey instrument included questions on risk-taking behaviors, family history, and history of abuse. The question on physical abuse asked "Has anyone in your family ever hit you so hard or so often that you had marks or were afraid of that person?" The question on extrafamilial sexual abuse asked "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?" The question on incest asked "Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?" A discussion of the wording of abuse questions in this study, relative to other studies, appears elsewhere.

The chi-squared statistic was used to ascertain differences in the proportion of adolescents experiencing no abuse (1), incest (2), extrafamilial sexual abuse (3), physical abuse (4), and all three types of abuse (5) according to race, gender and grade. Analysis of variance models were used to ascertain differences in the effects of type of abuse and gender of the survivors on each of five psychological or mind-set variables (hopelessness, anxiety, stress, suicidal thinking and self-esteem) and on each of eight behaviors (gateway drug use, hard drug use, forcing sex on others, being in physically abusive dating relationships, being pregnant or causing someone else to become pregnant, running away, skipping school, and having an eating disorder). Two-way analysis of variance models were used to determine differences in the effects of type of abuse according to gender. Post-hoc t-test comparisons described how the five categories of abuse differed from one another on the outcome variables. Finally, Student's t-test analyses were run to compare the mind-sets and behaviors of the nonabused adolescents (1) to adolescents experiencing any form of abuse (2-5), for males and females separately and combined. There were 202 adolescents who experienced two out of three forms of abuse; they were excluded from the analysis of variance models.

RESULTS

Epidemiology of Abuse by Race, Gender and Grade

Overall, 18% reported experiencing some form of child abuse, and 10% of the sample reported having experienced sexual abuse; Approximately two percent had experienced incest only, four

percent experienced extrafamilial sex abuse only, 10% experienced physical abuse only, and two percent experienced all three types of abuse (see Table 1). More females than males reported experiencing incest, extrafamilial sex abuse,, physical abuse, and all three types of abuse. Although the percentages of those experiencing incest and extrafamilial sex abuse were similar in the ninth and twelfth grades (1 to 2% and 4 to 5%, respectively), more ninth graders experienced physical abuse (12% versus 8%) and all three types of abuse (1.5% versus .8%)

Outcome variables

Psychological factors

Feelings of hopelessness and discouragement about one's life were related to abuse in the ANOVA model, comparing all five types of abuse, and in the T-test model, comparing the abused to the nonabused; the relationship with physical abuse was greater than with sexual abuse (see Table 2). Overall females felt more discouraged than males, but there was no interaction with gender (see Table 3).

Feelings of nervousness and anxiety were related to physical and to sexual abuse, but there was no difference between the two types of sexual abuse. Females expressed more anxiety than males; however, there was no interaction.

The amount of perceived stress was greater for those who had been abused. There was no difference between the two types of sex abuse but physical abuse and combined abuse showed a greater relationship. Females expressed more stress, but there was no interaction between type of abuse and gender.

The relationship of abuse to self-esteem was significant. Also, the relationship to physical abuse was greater than the relationship to sexual abuse. While there was not a difference according to gender, there was an interaction, in that abuse had a greater relationship with self-esteem among males than among females. Self-esteem was the only variable (other than forcing sex for females and community caring for females) for which the relationship was not greatest for those adolescents who had experienced all three types of abuse.

There were significant correlations between abuse and perceived communication in the family, There was no difference according to gender, nor was there an interaction.

There was a significant correlation between abuse and perceived community caring. The correlation with physical abuse was greater than with either type of sexual abuse. There was no difference according to gender, nor was there an interaction.

Family communication and community caring were correlated with hopelessness, nervousness, stress, poor self-esteem, suicidal thoughts, gateway drug use, and hard drug use (see Table 4). In addition, analysis of covariance models were run looking at the effects of sexual and physical abuse on the psychological variables with and without controlling for perceived communication with family and community caring. The F statistic for the effect of abuse on outcome behaviors was in all cases reduced to less than one-half when either family communication or community caring were controlled for in the model.

Having thoughts about committing suicide was significantly related to abuse, particularly to physical abuse and all three types of abuse combined. There was little difference between the two types of sexual abuse. There was not a gender effect but there was an interaction; males considered suicide less than females if they experienced no abuse, but more than females if they did experience abuse.

Behaviors

Having an eating disorder was related to abuse for males and for females. Overall, fewer males reported eating disorders than females. The relationship with physical abuse was greater than the relationship with sexual abuse, particularly for males. There was an interaction effect, in that overall abuse was more related to eating disorders among males.

Gateway drug use was related to abuse. There was a gender effect, in that males used these substances more than females. The relationship of incest to gateway drug use was significant for females but not for males. The relationship with all three forms of abuse was greater than any one form of abuse, for males and for females. There was no interaction.

Hard drug use was related to abuse. There was a gender difference; males used more hard drugs than females. Also, there was an interaction, in that abused males showed much greater hard drug use than the females.

Being sexually active was related to abuse, primarily to extrafamilial sexual abuse. Engaging in sex without using condoms was also related to abuse, and primarily to extrafamilial abuse.

Forcing someone into a sexual act was related to abuse, particularly for males. Overall there was no gender effect, but there was interaction, in that the relationship with abuse was greater for males than the relationship for the females.

Being involved in a relationship with someone who would hit in anger was related to abuse, particularly with extrafamilial sexual abuse and physical abuse. There was a gender effect, with males reporting being hit more than females, but no interaction effect.

Adolescent pregnancy was related to abuse. Males were significantly more likely to have gotten someone pregnant if they experienced abuse, particularly extrafamilial sex abuse or physical abuse. Females were more likely to have gotten pregnant if they had experienced extrafamilial abuse or physical abuse; again, there was not a significant effect for incest alone.

Running away from home was significantly more likely for those reporting abuse. Males ran away more often than females, and even more so if they had been abused, such that there was an interaction effect. The relationship between physical abuse and running away was greater than the relationship between sexual abuse and running away.

Skipping school was related to abuse. Males skipped school more than females in any case, and particularly more so if they were abused. There was no difference according to type of abuse.

Vandalism was related primarily to abuse, as was shoplifting. Committing acts of physical violence was also related to abuse. Males were more likely than females to engage

in all these delinquent acts at any rate, but abused males were particularly more likely to engage in vandalism and shoplifting, such that there was an interaction.

DISCUSSION

The rates of child abuse reported in this study, with 18% of respondents reporting some form of abuse and 2% reporting both physical and sexual abuse, is similar to those reported in another recent study of psychiatric inpatients, where 18% reported physical and sexual abuse and 3% reported both (Brown and Anderson, 1991). Lower rates were expected from this school-based sample than from a psychiatric in-patient sample. The rates may be similar because people may remember child abuse better while they are still young, or because the current cohort of adolescents is more sensitized to what child abuse actually is. The high rate is concerning because of the effects that this study and others have highlighted between child abuse and risk-taking behaviors.

In general, although the effects of abuse on males and on females were similar, possibly the effects were somewhat greater on males. Thoughts about suicide among male survivors should be particularly noted. Males who reported abuse, particularly physical abuse, were more likely than females to consider suicide. As males succeed with suicide attempts more often than females, there may have been abused adolescent males who were successful suiciders and therefore were not in this school-based sample. It is understandable in our culture that the effect of physical abuse and rape may be particularly devastating for

males; being overpowered may raise questions about masculinity, and being sexually abused by another male may raise questions about homosexuality. It is also noteworthy that in general males seldom report eating disorders, but males reporting all forms of abuse report eating disorders almost as frequently as females. The interrelationships noted in this and other studies among perceived caring by family and community members, history of abuse, antisocial behaviors, and self-destructive behaviors, indicate that caring and communication may mediate or help to cancel out the effects of abuse.

All forms of child abuse correlated with the mind-sets and behaviors of the adolescents in this study. The greater relationships between physical abuse and some outcome variables and between sexual abuse and others is noteworthy. First, there appeared greater relationship between physical abuse and all the psychological variables, drug use, suicide attempts, running away, and physical violence, than between sexual abuse and the same variables. Sexual abuse was correlated with the sexual behaviors -- sexual activity, unprotected sex, abusive dating, forcing sex, and experience with pregnancy -- and with other non-violent behaviors such as eating disorders, skipping school, vandalism and shoplifting. While incest alone showed psychological effects, the only behaviors related to it alone were gateway drug use, eating disorders, vandalism and shoplifting. It is possible that sexual abuse, particularly when perpetrated by a family member, may be perceived to include some message of caring or affection which physical abuse alone or in

combination with sexual assault does not have. Even though incest may leave a child with mental health problems, it may buffer some of the feelings of rage or despair which are common correlates of childhood physical abuse. Or it may be that physical abuse is more traumatizing than sexual abuse. Beyond that, relationships of combined abuse and risk-taking behavior was quite apparent.

The present findings were derived from a cross-sectional school-based survey, and the findings are limited accordingly. While causality might be speculated, it cannot be established. Longitudinal studies should be used to establish causality, to examine the stability of the negative effects over time, and to measure the timing between abuse and the onset of the negative consequences.

One problem with generalizing the results in this study to other groups of adolescents is that there were small numbers of subjects in some categories. For instance, there were small numbers of subjects in the incest-only category (only 16 males) and in the combined abuse category (only 23 males). This makes the effects of incest difficult to distinguish. It also raises the question as to what extent the outcome variables measured in this study are sociocultural correlates of abuse. Another concern regarding generalization is that there may have been many other abused adolescents who were not in the study because they had already run away or dropped out of school. Many homeless or run-away youth have experienced abuse in various forms, and a number run away specifically to avoid the abuse. If this is so, then

those remaining in school would represent the more emotionally and physically resilient of those who were abused.

Increased efforts must be made to prevent both physical and sexual abuse not only from occurring, but also from going untreated. Secondary prevention programs are encouraged for high risk adolescents to curb the destructive behavioral effects of child abuse. Increased efforts should go toward early diagnosis of abuse among adolescents who exhibit substance abuse and premature sexual behaviors, and toward offering positive support through the school system and through other publicly available organizations. Support groups and therapy groups, if they aim to teach assertiveness skills, stress reduction, life skills, and interpersonal communication skills and to bolster self-esteem, have the potential to (1) improve the mind-sets of adolescents with child abuse histories, (2) reduce their self destructive behaviors, and (3) prevent the generational cycle of child abuse.

TABLE 1 -- GENDER AND ETHNICITY OF SUBJECTS EXPERIENCING NO CHILD ABUSE (1) INCEST (2), EXTRAFAMILIAL ABUSE (3), PHYSICAL ABUSE (4), AND ALL THREE TYPES (5).

(1)		(2)		(3)		(4)		(5)	
4860		86		260		588		67	
82%		2%		4%		10%		2%	
males	females	males	females	males	females	males	females	males	females
2750	2110	16	70	47	213	271	317	23	44
88%	76.5%	.5%	2.5%	1.5%	8%	9%	11.5%	1%	1.5%

TABLE 2 -- MEAN SCORES ON PSYCHOLOGICAL AND BEHAVIORAL VARIABLES FOR ADOLESCENTS WHO REPORT NO ABUSE (1), INCEST (2), EXTRAFAMILIAL ABUSE (3), PHYSICAL ABUSE (4), AND ALL THREE TYPES (5).

	(1)	(2)	(3)	(4)	(5)
	4860	86	260	588	67
hopelessness[3]	4.0[1]	3.6[2]	3.5	3.2[2]	2.7[2]
anxiety[3]	3.5[1]	3.2[2]	3.1	3.0	2.5[2]
life stress[3]	14.3[1]	13.0[2]	12.9	12.0[2]	10.2[2]
self esteem	12.6[1]	11.5[2]	11.1	10.6[2]	10.5
attempts suicide	1.2[1]	1.4	1.4	1.6[2]	2.0[2]
family caring	16.0[1]	14.5[2]	15.0	12.9[2]	10.9[2]
community caring	10.6[1]	10.1	10.1	9.3[2]	8.2[2]
forcing sex	1.0[1]	1.0	1.1	1.1	1.2[2]
abusive dating	1.1[1]	1.1	1.2[2]	1.2	1.4[2]
unprotected sex[3]	4.8[1]	4.5	4.2[2]	4.5	3.2[2]
sexual activity	1.6[1]	1.6	1.7	1.6[2]	1.9[2]
eating disorder	1.0[1]	1.1[2]	1.2[2]	1.1[2]	1.3[2]
gateway drug use	6.6[1]	7.3	7.9	7.7	9.8[2]
hard drug use	6.5[1]	6.6	7.0	7.0	10.7[2]
running away	1.1[1]	1.1	1.2	1.3[2]	2.0[2]
skipping school	1.4[1]	1.5	1.6	1.5	2.1[2]
violence	1.5[1]	1.6	1.8	2.2[2]	2.7[2]
vandalism	1.5[1]	1.9[2]	1.6	1.8[2]	2.6[2]
shoplifting	1.5[1]	2.0[2]	1.6[2]	1.7	2.7[2]

[1] -- indicates a T-test difference between no abuse (1) and abuse ((2-5) combined) ($p < .01$)
[2] -- indicates the mean is different than the mean in the column to the left of it ($p < .05$)
[3] -- indicates reversed scoring

TABLE 3 -- MEAN SCORES ON PSYCHOLOGICAL AND BEHAVIORAL VARIABLES FOR MALES AND FEMALES WHO REPORT NO ABUSE (1), INCEST (2), EXTRAFAMILIAL ABUSE (3), PHYSICAL ABUSE (4), AND ALL THREE TYPES (5).

	Males					Females					Effects[3]		
	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)	(5)	T	G	I
	2750	16	47	271	23	2110	70	213	317	44			
hopelessness[4]	4.1[1]	3.7	3.5	3.3	2.9	3.8[1]	3.6	3.4[2]	3.2[2]	2.6	*	#	
anxiety[4]	3.6[1]	3.4	3.3	3.1	2.4[2]	3.3[1]	3.1	2.9	2.9[2]	2.5[2]	*	*	
life stress[4]	14.9[1]	13.2[2]	13.5	12.5[2]	10.3[2]	13.6[1]	12.8[2]	12.3	11.6[2]	10.2[2]	*	*	
self-esteem	12.8[1]	11.7	10.2	10.5	10.8	12.3[1]	11.4	11.3	10.7	10.4	*		*
suicide thought	1.2[1]	1.6	1.4	1.5[2]	2.2[2]	1.3[1]	1.3	1.5	1.6[2]	1.8[2]	*		*
family caring	15.9[1]	14.4	14.8	13.0[2]	10.4[2]	16.1[2]	14.6[2]	15.2	12.7[2]	11.3[2]	*		
community caring	10.5[1]	9.8	10.1	9.2[2]	7.8[2]	10.8	10.4	10.2	9.3[2]	8.7	*		
forcing sex	1.0[1]	1.1[2]	1.2	1.1[2]	1.5[2]	1.0	1.0	1.0	1.0	1.0	*		*
abusive dating	1.1[1]	1.2	1.3	1.2[2]	1.5[2]	1.1[1]	1.1	1.2[2]	1.2[2]	1.4[2]	*	*	
unprotected sex[4]	3.4[1]	3.4	3.5	3.3	2.5[2]	3.1[1]	3.2[2]	3.0	3.2[2]	2.9[2]	*		
sexual activity	1.7[1]	1.6	1.8	1.7	1.9[2]	1.5[1]	1.6[2]	1.7	1.6[2]	1.8[2]	*	*	
pregnancy	1.2[1]	1.4	1.8[2]	1.3[2]	2.6[2]	1.0[1]	1.1	1.1	1.1	1.2[2]	*		

[1] -- indicates a T-test difference between group (1) and groups (2)-(5) combined ($p < .01$)
[2] -- indicates the mean is different than the mean in the column to the left of it ($p < .05$)
[3] -- T -- * indicates an ANOVA difference among types of abuse ($p < .01$)
G -- * indicates an ANOVA difference according to gender ($p < .01$); # indicates $p < .05$
I -- * indicates an ANOVA interaction between type of abuse and gender
[4] -- indicates reversed scoring

TABLE 3 (CONTINUED) -- MEAN SCORES ON PSYCHOLOGICAL AND BEHAVIORAL VARIABLES FOR MALES AND FEMALES WHO REPORT NO ABUSE (1), INCEST (2), EXTRAFAMILIAL ABUSE (3), PHYSICAL ABUSE (4), AND ALL THREE TYPES (5).

	Males					Females					Effects[3]		
	(1) 2750	(2) 16	(3) 47	(4) 271	(5) 23	(1) 2110	(2) 70	(3) 213	(4) 317	(5) 44	T	G	I
eating disorder	1.0[1]	1.1	1.1	1.3[2]	1.3[2]	1.1[1]	1.1	1.2[2]	1.2	1.3[2]	*	*	*
gateway drug use	6.8[1]	7.3	8.5	7.6	10.5[2]	6.3[1]	7.2[2]	7.5	7.9	9.2[2]	*	*	
hard drug use	6.5[1]	6.8	7.3	7.0	12.9[2]	6.4[1]	6.5	6.7	6.9	8.7[2]	*	*	*
running away	1.1[1]	1.3[2]	1.3	1.3	2.6[2]	1.0[1]	1.1	1.2	1.3[2]	1.7[2]	*	*	*
skipping school	1.4[1]	1.5	1.5	1.5	1.8[2]	1.5[1]	1.7	1.7	1.6	2.8[2]	*	*	*
violence	1.8[1]	1.8	2.1	2.3	3.1[2]	1.4[1]	1.5	1.5	2.0[2]	2.2	*	*	
vandalism	1.8[1]	2.6[2]	1.9[2]	2.1	3.4[2]	1.3[1]	1.3	1.3	1.5[2]	1.8	*	*	*
shoplifting	1.6[1]	2.5[2]	1.7[2]	1.9	3.7[2]	1.3[1]	1.5	1.5	1.6	1.8	*	*	*

[1] -- indicates a T-test difference between group (1) and groups (2)-(5) combined ($p < .01$)
[2] -- indicates the mean is different than the mean in the column to the left of it ($p < .05$)
[3] -- T -- * indicates an ANOVA difference among types of abuse ($p < .01$)
G -- * indicates an ANOVA difference according to gender ($p < .01$); # indicates $p < .05$
I -- * indicates an ANOVA interaction between type of abuse and gender

TABLE 4 CORRELATIONS AMONG FAMILY COMMUNICATION, PERCEIVED COMMUNITY CARING, AND THE MIND-SET VARIABLES, SIGNIFICANT AT P <.0001

	family caring		community caring	
	M	F	M	F
hopelessness1	.36	.36	.27	.27
anxious1	.27	.28	.21	.21
stress1	.37	.38	.27	.27
self-esteem	.24	.24	.19	.19
suicidal thoughts	-.35	-.33	-.38	-.34
physical abuse	-.26	-.35	-.14	-.23
incest	-.12	-.13	-.06	-.11
extrafamilial sex abuse	-.12	-.14	-.08	-.08

1 -- indicates reversed scoring on the variable